

# AIDS Brief

for sectoral planners  
and managers

## Media Sector



The HIV/AIDS epidemic is a global crisis that demands urgent attention and committed, sustained action by alliances of individuals, organisations and sectors. The AIDS Brief series has been developed to support the conceptualisation and implementation of key sectoral responses. The media sector has a critical role to play in presenting the facts about the epidemic in an accurate, realistic and non-discriminatory way. In addition, the media sector is responsible for creating a communication back-drop for all other prevention and care activities and the communication tools for interactive dialogue aimed at behaviour modification.

### BACKGROUND

#### Definition of the Media Sector

The media can be defined as means for channelling information, education and entertainment - catalysts for making voices heard, advocating for causes and expressing opinions. A media campaign seeks to influence public opinion, persuade opinion leaders and generate public debate.

#### Facts about the Media Sector

*Mass media* are methods of communication that reach a wide variety of people - children, youth, men and women - quickly and effectively. Many means of communication can be considered "mass media", including radio, television, print media (newspapers and magazines), music, traditional theatre, advertising and marketing.

Radio, television and print media are capable of getting messages out to a mass audience - thousands or even millions of people. For example, brochures on HIV/AIDS/STD prevention distributed at a clinic can only reach those who visit the clinic, but if that same information is channelled into a radio, television or print announcement, the message can reach thousands of people, including



many who never visit a clinic. In developing countries, radio is often the main source of news and information, particularly in rural areas. Print media reach wide audiences where literacy is high; and television reaches a narrower but often influential audience, especially in urban areas.

A greater number of media outlets does not necessarily reflect the diversity of news or the sources of news. Improving the quality of information and how it is received may involve the use of words and/or images that are familiar to the target group, e.g. cartoons to add humour, or the use of colloquial language for messages aimed at urban youth. And, when social movements intersect with the media, opportunities are created for the media to educate and inform on issues in an adequate and accurate manner. Media create awareness and act as a facilitating tool to help initiate and reinforce on-the-ground initiatives by NGOs, companies, religious movements, community groups, clinics or the health sectors. Behavioural change is more likely to occur if media messages complement grass-roots activities.

Below is an outline of what works and what does not, with specific reference to radio, print and television.

MEDIUM	ADVANTAGES	DISADVANTAGES
<b>Radio</b>	<ul style="list-style-type: none"> <li>■ reaches literate and illiterate audiences with messages in their own language</li> <li>■ radios are relatively inexpensive and available to many people</li> <li>■ batteries can be used, so radio can be used in areas without electricity</li> <li>■ broadcasts can be repeated many times during the day</li> <li>■ radio production is relatively inexpensive</li> <li>■ radio programmes can be replicated elsewhere and rebroadcast in other regions where issues are similar</li> <li>■ catchy tunes, phrases and buzzwords are the building stones of popular perception and have significant impact</li> </ul>	<ul style="list-style-type: none"> <li>■ not useful for teaching people how to perform an activity that requires a demonstration, e.g. putting on a condom</li> <li>■ most radio is one-way communication (although phone-ins permit audience participation)</li> <li>■ it is difficult to measure direct attitudinal and behavioural change</li> </ul>
<b>Television</b>	<ul style="list-style-type: none"> <li>■ no formal education is needed to understand what you see and hear on TV</li> <li>■ television allows you to show others how to do something, e.g. buy condoms, or use a condom</li> <li>■ people can see/hear role models acting out positive behaviour on television</li> <li>■ programmes can be rebroadcast in other regions</li> </ul>	<ul style="list-style-type: none"> <li>■ television may not be available in all parts of developing countries</li> <li>■ televisions are expensive for many people in the developing world</li> <li>■ television production is more expensive than radio or print media</li> <li>■ if messages are not well understood, explanations cannot be given: one-way communication</li> </ul>
<b>Print</b>	<ul style="list-style-type: none"> <li>■ a story can be read many times, so readers can confirm their understanding of it</li> <li>■ a single publication can be passed on to many people, so readership increases</li> <li>■ it can be kept for future reference</li> <li>■ is usually perceived to be a credible source for information</li> </ul>	<ul style="list-style-type: none"> <li>■ only useful for those who can read and who have disposable income</li> <li>■ if the print media are state-owned, not all views will be taken seriously</li> <li>■ misinterpretations cannot be corrected</li> </ul>

## AIDS AND THE MEDIA SECTOR

Communicating around HIV/AIDS and related issues through one or more mechanisms ranging from expensive mass media channels to community-based communication initiatives has become common over the last few years. In this context, the purpose of the media is to create a communication backdrop for awareness of key messages. The media are a powerful tool to provide accurate information about HIV/AIDS and to shape public attitudes. In addition, media messages delivered through strong role models (musicians, politicians, etc) can promote behaviour change. These messages affect the public's perceptions

of social norms which in turn can support changes in behaviour. Focusing on issues that bring hope, that highlight positive and healthy living as well as successful coping strategies, can contribute to fostering an enabling environment for people living with AIDS (PWAs) and those who are affected. Many newspaper/magazine readers, television viewers or radio listeners (as well as media personnel themselves) are already affected by HIV and need the support of sensitive yet positive reporting.

Surveys in many countries show high levels of basic knowledge of HIV/AIDS but awareness is not all it takes to arrest the

spread of the virus and build support for those in need. The public needs to know the levels of HIV infection, how it is transmitted, the risks of contracting HIV, and how to avoid contracting it. Beyond this, they need the motivation and opportunity to change behaviour and to develop supportive attitudes. In most instances, the impact on behaviour change has been minimal. This is due to facts such as that messages are too generalised to accommodate a wide target audience and that the originators of these messages tend to sensationalise issues in order to achieve peak returns – either through sales, viewership or listenership.

Communication as a stand-alone tool for behaviour change has thus proven to be ineffective. Instead, media communications that tailor messages to the specific needs of individuals, in addition to being coupled with programming that focuses on the necessary social changes that are essential to reducing the transmission of HIV, will be more likely to lead to behaviour change. A simple example of this is promoting condoms for young people linked to providing purchase/access points for these products.

In summary therefore, the principles to guide the development of HIV/AIDS media should be:

- the provision of accurate information on HIV/AIDS
- depicting the human, personalised aspect of HIV/AIDS
- developing strategic approaches for each target group
- publicising and supporting community interventions
- keeping the issue of HIV/AIDS on the social and political agenda, and
- viewing the epidemic from different angles.

According to *Communicating Beyond AIDS Awareness*, a manual that provides an overview of communication with a special emphasis on the HIV/AIDS epidemic in South Africa (1998), media may be divided into certain categories, namely mass media, small media, dialogue-orientated strategies and participatory strategies. These form a useful framework for discussion of various media strategies in relation to HIV/AIDS.

### Big media

Mass media communication contributes to maintaining a general awareness about HIV/AIDS and allows people to internalise key messages over time. It helps to reinforce the impact of other activities and resources that are closer to the ground. Key channels for mass media include the provision and development of:

- logos, jingles and other devices to link AIDS communication
- radio commercials or public service announcements
- newspaper and magazine advertisements
- billboards, murals (cost-effective and can be popular), taxi and other outdoor advertising, including pavement art (for constant reinforcement of prime messages)
- television, radio and print media information, incorporating press releases and formalised public relations strategies.



Although mass media provide an easy channel to communicate messages to large numbers of people, measuring impact can be difficult and/or expensive. A well-thought out evaluation plan should be in place before the communication campaign is launched.

### Small media

This form of media is useful and can sometimes be used to imitate mass media. For example, audio tapes can be used to imitate radio programming. Small media are particularly useful when used to support dialogue and participatory activities – for example, leaflets can be distributed to people during an event or after counselling sessions. Another advantage is the simple, low cost technology that is used, allowing for greater control over content and meaning. In addition, language preferences and symbolism can be tailored to meet the needs of particular audiences.

Small media products encompass print, audio-visual and utility items such as:

- stickers, posters, leaflets, booklets and flipcharts
- audio-tapes or compact discs
- videos and slide-tape shows
- slides, photographs, displays, murals, signs and graffiti
- T-shirts, caps, peaks, badges, pens, rulers and key-rings.

Although information technology is becoming more pronounced in the mass media world, interactive media such as the Internet and other computer-based media are, to a large extent, still classified as small media, particularly in the developing world where access is limited.

Small media are developed with specific target audiences in mind and distribution systems are less defined, therefore a detailed distribution strategy is essential for each product.

### Dialogue-oriented strategies

As people begin to reflect on key messages in a communications campaign, specific questions related to their own situations arise. These have the potential to go unanswered if information is not conveyed in terms and means that are easily understood. To address this issue, media need to provide details on additional sources of information that can address personal concerns around HIV/AIDS.

Some sources include provision and promotion of:

- counselling services
- telephone helplines that offer multilingual counselling and information
- radio and television panel discussions, write-in and call-in shows
- television and radio dramas that facilitate discussion
- drama, theatre, workshops and events that incorporate dialogue at community level.

Dialogue-oriented strategies are easier to evaluate than mass media campaigns. Outcome indicators could include:



assessing the number of callers to helplines or talk shows; access to counselling services; and qualitative approaches such as interviews or focus group discussions with users.



To a large extent, HIV/AIDS communication tends to be directed at people who have not seriously investigated their own inner needs. Participatory approaches allow representatives of target audiences to be drawn into the message-making process, and can include participation in further awareness and action activities. Individuals drawn into participatory communication activities can often make significant changes to their own behaviour and become catalysts for change at community level.

### Strategies include:

- media product development, including posters, murals and radio messages
- marches, parades, events eg involving children, teachers, parents and the community
- participatory theatre and performance; role-playing exercises usually identify and open up discussion on normally taboo issues
- songs, poetry and other folk media
- consultation and participatory implementation of activities
- peer counselling

- development of clubs and special interest groups.

Participatory approaches offer excellent opportunities for overcoming language and cultural barriers as members of the target audience become actively involved in communication amongst their peers. Such activities can be supported by small utility media such as caps, T-shirts, badges and other items that allow individuals to express their support for particular HIV/AIDS messages or display their membership of HIV/AIDS support groups.



This type of media is expensive but can be cost-effective, as it is more likely to bring about attitude change than other types of media. However, it requires well-trained facilitators and coordinators. Examples of such activities are the on-going drama work with youth groups in Zimbabwe, Zambia, Malawi, Tanzania and Botswana. Regional organisations involved in this are the Commonwealth Youth Organisation and the Music Crossroads project (FIJM) in Southern Africa. Evaluation is usually conducted using qualitative research techniques.

## Other media

### *Idols and popular artists*

Like participatory theatre, face-to-face campaigns create a lasting impression and increase knowledge and understanding of issues. This kind of communication was established by participatory theatre. Role model behaviour reinforces the content of messages and the necessary skills that should be applied, endorsing this as 'correct' behaviour.

### *Formal drama/theatre*

This is quite different from participatory theatre, as formal drama is top-down and non-involving. However, it can be inspirational and can trigger debate. Attendance is usually restricted to a certain sector of the population mainly because of the cost implications.

### *Packaging*

Media packaging is found in the form of condom packets, dispensing containers located in clinics, educational packages in doctors' rooms, handbooks, etc. With this type of advertising, it is important for logos and artwork to be conspicuous at any point-of-sale or free distribution outlets.

### *Mobile video/tape*

This form of media activity is mainly channelled through distribution and sales. Songs about HIV/AIDS have been released and successfully promoted and distributed through commercial channels in several countries.



## IMPACT CHECKLIST

### Internal risk factors

- ✓ Most media sectors are economically driven. In this context, is HIV/AIDS seen as a valuable news story? Is there pressure for sensationalism, or over-dramatisation to create profits through increased sales?

- ✓ Are there limited financial resources by media organisations to explore issues, leading to a lack of investigative journalism?
- ✓ Are there adequate HIV/AIDS training and capacity building opportunities for staff?

### External risk factors

- ✓ Are government/state-owned media seeing HIV/AIDS as a priority issue?
- ✓ Are there efforts to suppress statistics or a reluctance to disclose information?
- ✓ Are cultural and traditional beliefs preventing media from placing HIV/AIDS on the public agenda?

## SECTORAL RESPONSE

Previous efforts for communication and education on HIV/AIDS have been a mixed bag of instruction, instilling fear, education, statistical overload, and so on. When developing HIV/AIDS messages to create impact, accuracy and coherence are important issues to incorporate.

### Basic reporting on HIV/AIDS

(Adapted from the PANOS African National Media Congress, 1997)

- The message "AIDS kills" is insufficient. On its own, it does not help prevent HIV and is of limited value to those who are already infected. Messages need to focus on specific behavioural patterns that avoid the risk of contracting HIV, eg consistent and regular use of condoms by those who are sexually active.
- Messages based on fear could encourage denial of one's risk behaviour and fatalistic attitudes. AIDS communication needs to channel accurate information to the masses to allow them to assess their own risk behaviour.

- Include factual statistics but do not overwhelm readers with numbers. Choose the statistics that best illustrate the points, and vary the way they are presented, eg "One out of 20 teenagers has an STD. As many as \_\_\_% may be infected with HIV".
- Personalise the story; do not create a "them and us" situation. Give a voice to the people - do not speak against them, but with them.
- Localise the focus. Your audience needs to know about HIV/AIDS in their own country/regional context. Comparisons can be used, but only if they help people to understand the present situation or future scenario.
- Report on positive and healthy aspects, eg HIV infection does not mean an immediate death sentence. Use examples of success stories, striking facts, quotes from PWAs and examples of relevant intervention programmes. These help people identify action they can take, rather than just depressing them.

### Inform and motivate, rather than impress!

- Use simple, easy language, and avoid medical jargon
- Be especially careful not to raise false hopes if reporting about possible vaccines/cures
- Avoid sensationalism and voyeurism; do not over-dramatise. Try to highlight the positive, not just the negative
- Stimulate debate on critical issues. What should be the policy on wilful transmission, sex work, and access to counselling and testing? What about the issue of gender in relation to HIV/AIDS? AIDS also provides a new angle on poverty, human rights and other key issues.

### Scope of media coverage

Meaningful media coverage of AIDS needs to look not just at the epidemic itself, but at the underlying causes and outcomes. The following are some ideas of different angles that the media may take to provoke debate and help mobilise positive responses.

ISSUE/PROBLEM	ANGLE
How does AIDS impact on the family, the community, the health system, and the society at large? Who carries the burden of the epidemic?	Journalists can take an investigative look at the impact of AIDS at household level, its implications for the immediate family and community, who is responsible for care, medical expenses, the demands re treatment and how a person with AIDS is viewed in society.
How can negative attitudes be challenged whilst supporting traditional values?	The reporter can look at existing research and carry out interviews with relevant opinion-makers and the public on cultural attitudes, i.e. issues that block sexual behaviour change and opportunities to open the debate on male sexuality, machismo and female sexuality; and also traditional practices that increase HIV risk.
What can be done to eliminate blame, stigma and discrimination?	Myths and misconceptions about having AIDS or being HIV-positive can be investigated, e.g. fears about casual transmission (mosquitoes), social contact, reducing negativity and giving HIV/AIDS a human face. Respect confidentiality.
How can society cope with the growing number of orphans, and with increasing deaths among employees?	The journalist can investigate coping strategies for orphans, widely distribute the Code of Employment and other drafted policies for the workplace; and cover worker seminars on HIV/AIDS.
How can we ensure that our children grow up free from infection?	Sex education should be introduced in schools - and the important role it plays should be highlighted. Coverage of discussions/debates could centre around issues such as easy condom access for youth.
Are current prevention, care and support services sufficient? Are we addressing this issue at the right level?	The journalist should look at marginalised groups and how can they be reached; the issue of commercial sex can also be investigated.

## Problems encountered when covering HIV/AIDS

One of the most serious problems encountered when dealing with AIDS is the helplessness generated at all levels, from the individual right up to government. Although the media are well placed to deliver information to reach a mass audience, appropriately packaged, user-friendly information is rarely available to suit their needs. Therefore, the production of relevant material should be seen as a specialised area and must be undertaken carefully.

Different regions also need local materials and information. For example, in much of Europe and USA, transmission

largely occurs amongst gay and bisexual men and injecting drug-users and their partners, whereas in most other parts of the world, especially the developing world, the spread of the virus has been mainly through heterosexual sex.

Working in isolation tends to become stressful for media personnel specialising in HIV/AIDS, therefore counselling may help overcome feelings of powerlessness. Course content in seminars, workshops and conferences should include an aspect of counselling so investigative reporters can handle stressful, sensitive issues.

Training has been repeatedly identified as critical for media personnel, particularly in Southern and Eastern Africa. Absalom

Mutere developed an *AIDS Media Training Module* while at the University of Zimbabwe that notes the need for:

- journalists who not only report events but understand and are able to discuss processes
- media managers to integrate such reporting into their newsroom policies
- technical agencies, including NGOs, to recognise how information should be packaged for increased effectiveness
- policy-makers to understand how different world views contribute to how we perceive AIDS and related issues
- policy-making facilitated through the mass media to address AIDS and related issues through a multi-cultural lens.

## ACTION CHECKLIST

### Integrating media approaches

An integrated media approach calls for comprehensive planning at the outset. Formulation of a strategy includes conducting research, setting goals, developing strategies, refining resources and evaluating the programme.

**Research:** Conduct a situational analysis of media information needs by determining:

- how many media institutions exist?
- how many cover HIV/AIDS or related issues?
- their knowledge base and understanding of HIV/AIDS.
- how can this be improved, regularised and sustained?
- preferred channels of communication.

The assumption behind this approach is that the media need information in order to report effectively and accurately on HIV/AIDS.

**Set clear goals and objectives:** This enables planning and measuring success over time. An example of a strategy which has been developed and is proving successful is SAfAIDS' regional media strategy in Southern Africa:

Its overall goal is to establish a media unit that coordinates and facilitates for better understanding, coverage and communication of HIV/AIDS and related issues to promote prevention, reduce stigma and educate the public on HIV/AIDS. Activities include:

- networking and sharing/exchange of information
- developing information products
- conducting training workshops with follow-up strategies.

The assumption for this goal would be that media contacts in the region would be willing to form partnerships. The media see the necessity for skills and capacity building; they will co-operate in sharing information and networking.



**Develop strategies:** Strategies are steps to be taken to achieve set goals. The functioning of a media unit will rely entirely on an infrastructure, skilled personnel, and financial resources. Achieving the objective of working closely with the media to put HIV/AIDS on the agenda will mean undertaking activities with outputs, such as:

- creating a network with a selected number of media organisations
- sharing/exchanging information with other organisations, including NGOs, government

- producing material such as fact sheets, briefs, feature articles and contributions to publications and radio programmes
- conducting training workshops with subsequent training in the form of seminars
- seeking feedback and making follow-up visits
- participating in media training courses
- assisting in the development of innovative print/broadcast media approaches
- developing supportive material for journalists.

**Evaluate:** Every activity needs to establish some way of evaluating its success or failure and of exposing the lessons learned. Evaluation helps to understand what has been achieved and contributes towards planning future strategies. Approaches include:

- a) Quantitative research which reflects overall trends by analysing information and numbers, eg surveys and questionnaires
- b) Qualitative research which focuses more closely on the individual and looks at in-depth information, eg focus group discussions and in-depth interviews.

Media infrastructures vary enormously between countries but also within country, mainly for economic and political reasons. For this reason, duplicating integrated approaches is not always viable for countries with weak infrastructures.



An initiative in South Africa which uses a strong media infrastructure is *Soul City*. This began with national mass media (radio, television), which reach mass audiences, and then built its secondary campaign using print media (comics, booklets, newspapers, etc). While the structure and management of the *Soul City* campaign is big media top-down, its message-making is small media bottom-up. The messages are all "workshopped" with the target audiences themselves. These are true messages made by, and for, 'the people'.

This approach and methodology is suitable for adaptation in other societies. *Soul City* is very aware that straightforward duplication or replication would generally not be applicable in other parts of Southern and Eastern Africa due to social and financial restrictions. Nevertheless, the integration of broad and specific approaches is recommended.

### Multisectoral media approach

Media coverage of the epidemic cannot be dealt with in isolation. HIV/AIDS is affecting and will continue to affect economies and society at all levels, from the individual to the macro-economy. In between, its effects are also being felt on communities, enterprises, and social and economic sectors. All too often, issues pertaining to HIV/AIDS are relegated to the health desk in media organisations when, instead, a broader perspective is essential. The media approach to HIV/AIDS should be multi-sectoral.

A multi-sectoral approach brings about an expanded response. Media campaigns need support from government, educational institutions, and industry and commerce if the long-term strategy is to succeed. A good example of such an approach is the Behaviour Change Communication Strategy in Zimbabwe, which is being jointly steered by government, NGOs, UN agencies and the private sector.

Equally important in combining strategies is that regional campaigns cannot be developed in isolation from national efforts. It is necessary to identify existing producers of HIV/AIDS health media (video, radio, print, performance, etc) and other structures and organisations that could play

a role in dealing with HIV/AIDS at a regional level. This should ideally take place without the development of additional or alternative structures.

### Language and culture

Culture continues to play a key role in the face of the HIV/AIDS epidemic. Traditional practices in parts of Africa such as wife inheritance, seeking advice from an n'anga (traditional healer) and runyoka (a practice commonly used by men to bar women from having sexual contact with other men) are examples of barriers towards prevention efforts. These beliefs present the media with challenges to respect and show sensitivity to issues which some people either do not understand or about which they may feel differently. At the same time, the media must not contribute to perpetuating untruths such as promoting 'cure' claims and raising false hope for the infected and affected.



As the epidemic spreads into rural communities where official national languages are rarely spoken, the media are further challenged. Levels of illiteracy are high and access to radio and television is limited, therefore information must be appropriately packaged and user-friendly. Useful materials for such audiences are picture books, comics and colourful booklets. Language which uses acceptable descriptions and terms is key to promoting an understanding of the deeper issues at community level and can help promote open dialogue, reinforcing on-the-ground initiatives.

### Urban and rural contexts

Media approaches in urban and rural contexts differ widely and the following criteria must be taken into consideration when creating message design for these settings: packaged information; language; background; education and viewpoints. Finding common ground amongst target groups is of major importance so that mass media can cater for the needs of both urban and rural audiences.

### Gender

Women are at higher risk of infection because:

- physiologically, they are more easily infected because of the mechanics of sex
- young women are at even higher risk because of the immaturity of their reproductive tracts
- a woman's risk of infection relates to what her partner/s do, not just to her own sexual activity (monogamous women are at high risk if their husbands have extra-marital sex and do not use condoms). Statistically, men have been found to use condoms most with sex workers, less with steady girlfriends and least of all with their wives (ZAPP, Zimbabwe, 1993).

Although media coverage on HIV/AIDS issues is increasing, there is limited focus on women and children. HIV/AIDS has been largely portrayed as a male problem, only affecting women in prostitution. Women and children are the most susceptible to HIV infection and the most impacted by the epidemic, therefore more media coverage of these vulnerable groups is important. And media messages or campaigns focusing on HIV/AIDS prevention and support strategies need to recognise aspects of gender vulnerability, and investigate ways to address the provision of economic and social support. A simple example is that it is not helpful to tell girls and young women to say 'no' when there are no services or support structures in place that can assist them in their right to refuse. Responsible journalism recognises that:

- assisting women to manage without being able to escape from sexually exploitative relationships means an investigative look into social welfare options
- protection against harassment and exploitation means creating a credible response and looking at safety and security measures
- increasing awareness of HIV/AIDS/STDs means investigating the possibility of service delivery increase
- exposing sensitive issues such as teenage pregnancies and access to safe abortions means incorporating alternatives and possible recommendations: follow-up strategies are necessary.

## SUMMARY

HIV/AIDS poses both challenges and opportunities for the media. This is a devastating epidemic that is sexually transmitted and remains invisible during its early stages and

develops only slowly. The media should go beyond commenting on new initiatives for prevention, reporting on workshops or conferences and describing updated data. Their biggest

challenge is to keep AIDS topical and newsworthy. Media coverage of HIV/AIDS must be transformed into respected and "cutting edge" forms of communication.

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The AIDS Control and Prevention (AIDSCAP) Project: *Behaviour Change Through Mass Communication and How To Create an Effective Communication Project*, USA (undated)

Media Monitoring Project: *Radio News Diversity Study*, funded by Open Society Foundation, South Africa (1998)

The Nation: *Campaigns Fail to Stop AIDS*, distributed via Africa News Online, Kenya (August 1998)

Parker W, Dalrymple L, Durden E: *Communicating Beyond AIDS Awareness - A Manual for South Africa*, South Africa (1998)

## Useful contacts

Below is a list of important contacts and websites that media personnel can browse for further information on HIV/AIDS and related issues. Most of these organisations also publish regular newsletters and journals that especially focus on HIV/AIDS and broader development issues.

AF-AIDS: <http://www.hivnet.ch.8000/af-aids/tdm> (<http://www.hivnet.ch/fdp>)  
Fondation du Présent, Villa Moynier - 120B Rue de Lausanne, PO Box 1493, CH -1211 Geneva 1, Switzerland,  
Tel: +41-22-901-0151; Fax: +41-22-901-0152; e-mail: [info@hivnet.ch](mailto:info@hivnet.ch)

SEA-AIDS: UNAIDS Asia-Pacific Intercountry Team, UNESCAP Building (B359) Rajadamnoen Nok Avenue, Bangkok 10200, Tel: (66 2) 288 2498;



Fax: (66 2) 288 1092

e-mail: [sea-aids@lists.inet.co.th](mailto:sea-aids@lists.inet.co.th)

Panos Institute: <http://oneworld.org/panos/>  
PANOS, 9 White Lion St, London N1 9PD, UK, Tel: +44 171 278 1111; Fax: +44 171 278 0345; e-mail: [panos@gn.apc.org](mailto:panos@gn.apc.org)

Panafrican News Agency: <http://www.africanews.org/PANA/news>  
PO Box 4056, Dakar, Senegal,  
e-mail: [qouiset@sonatel.senet.net](mailto:qouiset@sonatel.senet.net)

HealthLink Worldwide (formerly AHRTAG): <http://www.healthlink.uk/>  
Farringdon Point, 29-35 Farringdon Road, London ECM 3 JB, United Kingdom,  
e-mail: [info@healthlink.org.uk](mailto:info@healthlink.org.uk)

UNAIDS: <http://www.unaids.org>  
20 Avenue Appia, CH-1211, Geneva 27, Switzerland, e-mail: [unaids@unaids.org](mailto:unaids@unaids.org)

UNAIDS Southern Africa, PO Box 6541, Pretoria 0001, South Africa; e-mail: [hiv\\_aidsmedia@egroups.com](mailto:hiv_aidsmedia@egroups.com)

Global AIDS Programme: <http://www.globalhealthcouncil.org/AIDS.html>  
1701 K Street, NW, Suite 600, Washington DC 20006, USA,  
e-mail: [aids@globalhealthcouncil.org](mailto:aids@globalhealthcouncil.org)

SAfAIDS: <http://www.safaid.org>  
17 Beveridge Road, PO Box A509, Avondale, Harare, Zimbabwe, Tel: (263 - 4) 336193/4; Fax: (263 - 4) 336195;  
e-mail: [info@safaid.org.zw](mailto:info@safaid.org.zw)

HIV/AIDS Media: [http://www.egroups.com/list/hiv\\_aidsmedia](http://www.egroups.com/list/hiv_aidsmedia)



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Series Editor: Rose Smart

Layout : TheWriteStuff, Durban

The individual authors of the AIDS Briefs series are wholly responsible in their private capacity for content and interpretation.

Funded by the USAID  
Bureau for Africa,  
Office of Sustainable  
Development

Award No.  
AOT-G-00-97-00375-00

